

PROVIDER Update

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What You Need to Know for Your Dual Eligible Patients

Prepare for your new D-SNP and Exclusive Aligned Enrollment D-SNP patients

As a reminder, effective January 1, 2023, Dual-Eligible Special Needs Plan (D-SNP) look-alike (LAL) plans are ending.

Your eligibility files will be updated in time

Wellcare (H5087) Eligibility File will have a note added that includes Health Net's Medi-Cal payor ID.

** For PBP 001 which is our Exclusively Aligned DSNP program for LA County, starting 1/1/23 Health Net will be the Medi-Cal carrier (Payor ID 95567). Please submit all COB/secondary claims to Health Net.*

Get familiar with the plans your members are transitioning to

Refer to the Member Plan Crosswalk on the D-SNP Resource for Providers page at wellcareca.com/providers/DSNP.

Medi-Cal eligibility verification for D-SNP Members for Care Coordination

Members enrolled in the Wellcare Dual Aligned 001 (HMO D-SNP) are enrolled in a Health Net Medi-Cal plan.

The Wellcare Dual Liberty (HMO D-SNP) is available in San Joaquin County however Health Net does not have a Medi-Cal Plan in San Joaquin County. To coordinate care and benefits, physicians and other providers need to verify the Medi-Cal plan the member is enrolled in.

To check Medi-Cal eligibility, use the Department of Health Care Services online Automated Eligibility Verification tool (AEVS). Instructions to access and interpret results can be found in the provider library under the Eligibility Verification section.

Model of Care and care coordination?

Wellcare and our contracted physicians and other providers continue to be responsible for coordinating care for members. The member is not responsible for care coordination.

Be on the lookout for the updated Model of Care training coming soon in early 2023.

THIS UPDATE APPLIES TO MEDICARE PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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PROVIDER PORTAL

provider.wellcare.com/california

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Remember D-SNP members cannot be balance billed

The most important thing to remember is that the D-SNP member cannot be balance billed for any services. Otherwise, below are some scenarios you might have questions about.

Scenario	Solution
When the participating physician group is at risk to pay for Medicare but not for Medi-Cal:	Complete payment based on your Division of Financial Responsibility (DOFR) and submit the non-covered portion to Health Net using the information provided on the Medicare eligibility files.
When the Plan is at risk for both Medicare and Medi-Cal:	<ul style="list-style-type: none">• The Medi-Cal/coordination of benefits (COB) will automatically be processed.• Evidence of payment (EOP)/Remittance Advice (RA) for the Medicare payment will advise of the automatic coordination.• The second EOP/RA will be sent after the Medi-Cal payment is processed.

What's different with continuity of care?

Durable Medical Equipment, medical supplies and practitioner continuity of care requirements

D-SNP's must make sure members have access to medically necessary Medicare-covered Durable Medical Equipment (DME) and medical supplies.

- **Members joining a D-SNP with existing DME rentals** must be allowed to keep their existing rental equipment until the D-SNP can evaluate the member, replacement equipment is in the possession of the member, and ready for use.
- **Members joining a D-SNP that have an open authorization** to receive Medicare covered medical supplies may continue to use their existing provider:
 - For 90 days, and/or until the D-SNP can reassess the member, and, if medically necessary, authorize supplies and have an in-network provider deliver the medically necessary supplies.

Primary care and specialty providers continuity of care requirements

Upon member request, or request by another authorized person, D-SNPs must offer continuity of care with out-of-network Medicare providers to all members **if all of the following** circumstances exist:

- A member has an existing relationship with a primary or specialty care physician or other provider,
- The physician or other provider is willing to accept, at a minimum, payment from the D-SNP based on the current Medicare fee schedule, as applicable; and
- The physician or other provider does not have any documented quality of care concerns that would cause the D-SNP to exclude the physician or other provider from its network.

For the most up to date information, refer to the DHCS CalAIM Dual Eligible Special Needs Plans Policy Guide at dhcs.ca.gov/provgovpart/Documents/Duals/DHCS-CalAIM-D-SNP-Policy-Guide-July-2022.pdf.

Attention Hospitals and skilled nursing facilities!

Contracted hospitals and skilled nursing facilities (SNFs) must use one of the following methods, in a timely manner, to inform the member's D-SNP and the Medi-Cal plan of any hospital or SNF admission, transfer or discharge. Hospitals and SNFs must use either:

- A secure email or data exchange through a Health Information Organization or,
- An electronic process approved by Department of Health Care Services (DHCS).

This information must be shared to the extent allowed, under applicable federal and state law and regulations, and not be inconsistent with the member's expressed privacy preferences.

Additional guidance from DHCS on this regulatory requirement is pending.

Additional information

For additional information, refer to the Medicare D-SNP Provider Resource Guide on [wellcareca.com/providers/DSNP](https://www.wellcareca.com/providers/DSNP) under Trainings and Webinars or contact us at 866-999-3945.